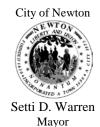
HEALTH AND HUMAN SERVICES DEPARTMENT



Dori Zaleznik, MD, Commissioner 1294 Centre Street Newton, MA 02459-1544



Telephone 617.796.1420 Fax 617.552.7063 TDD/TTY 617.796.1089

APPLICATION TO OPERATE A TANNING FACILITY

updated 2/11

Date Name of Facility	Phone
Address	
Name of Owner	City / Zip Phone
Address	
Name & Addresses of the following:	City / Zip
1. Tanning Device Supplier:	
2. Installer:	
3. Service Agent:	
Number of Beds:	Number of Booths:
 2. List all operators who have been to the Include The Following Documents: 1. Copies of all consent forms for personal consent forms for personal consent forms. 	ear, Serial #, and Installation Date of each Tanning Device. rained in the operation of the tanning device. Along With This Application: rsons under 17 years of age or younger.
Pursuant to Chapter 62C section 42A that I, to the best of my knowledge an	of Massachusetts General Laws, I certify under the penalties of perjury d belief, have filed all state returns and paid all state taxes required under appensation coverage as required by law.
Signature	Fee Enclosed

* Fee is \$50.00 for the first tanning device and \$10.00 for each additional tanning device. Check should be made payable to The City of Newton.

* Return this application to the Newton Health & Human Services Dept, 1294 Centre St., Newton, MA 02459

<u>DEVICE</u> <u>MANUFACTURER</u> <u>MODEL</u> <u>SERIAL</u> <u>DATE OF</u>

#	#	#	INSTALLATION
NAMES OF TRAINED OPERATORS:			